## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  VILLAGES AT HISTORIC SILVERCREST THE  SITEET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 147150  SUMMARY STATEMENT OS DEPICINORS  (FOOD)  INITIAL COMMENTS  (FOOD)  INITIAL COMMENTS  (FOOD)  INITIAL COMMENTS  Review Date: October 2, 2014  Facility Number: 012619  Provider Number: 155813  AIM Number: N/A  Surveyor: Brends Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 AC 182 in regard to the part of the complaint survey.  ABORATORY DIRECTIONS OR PROVIDERS SUPPLIER REPRESENTATIVE'S SIGNATURE  ABORATORY DIRECTIONS OR PROVIDERS SUPPLIER REPRESENTATIVE'S SIGNATURE  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES ROAD NEW ALBARY, IN 47150  STREET ADDRESS, CITY, STATE, ZIP CODE 1909 OLD VINCENNES 1909 OLD VINCENN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  VILLAGES AT HISTORIC SILVERCREST THE  VI								
SUMMARY STATEMENT OF DEFICIENCES   DEFINITION OF THE APPROPRIATE   SUMMARY STATEMENT OF DEFICIENCES   DEFINITION OF THE APPROPRIATE   DEFICIENCY MUST BE PRECEDED BY PULL   PREFIX TAG   TAG   CAROSIS REFERENCES TO THE APPROPRIATE   CAROSIS REFER	155813						10/02/2014	
NEW ALBANY, IN 47150   PROVIDERS THAN OF CORRECTION   PROPERTY TAG   PROVIDERS THAN OF CORRECTION   PROPERTY TAG   PROVIDERS THAN OF CORRECTION   PROPERTY TAG   PROVIDERS THAN OF CORRECTION   COMPTION   COMP	NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
(A4) D PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   CRACK DEFICIENCY MUST BE PRECEDED BY PULL	VILLACES AT LISTOPIC SILVEDODEST TUE				1809 OLD VINCENNES ROAD			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 000) INITIAL COMMENTS  Paper Compliance to the Complaint IN00154433 survey completed 8/22/2014.  Review Date: October 2, 2014  Facility Number: 012619 Provider Number: 155813 AIM Number: N/A  Surveyor: Brenda Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the paper compliance review of the complaint survey.	VILLAGES AT HISTORIC SILVERCREST THE			NEW ALBANY, IN 47150		EW ALBANY, IN 47150		
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survey completed 8/22/2014  Review Date: October 2, 2014  Facility Number: 012619 Provider Number: 155813 AIM Number: N/A  Surveyor: Brenda Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 162 in regard to the paper compliance review of the complaint survey.	{F 000}	00) INITIAL COMMENTS		{F 000}				
Facility Number: 012619 Provider Number: 155813 AIM Number: N/A  Surveyor: Brenda Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the paper compliance review of the complaint survey.								
Provider Number: 155813 AIM Number: N/A  Surveyor: Brenda Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 493 Subpart B and 410 IAC 16.2 in regard to the paper compliance review of the complaint survey.		Review Date: October 2, 2014						
AIM Number: N/A  Surveyor: Brenda Buroker, R.N.  The Villages at Historic Silvercrest was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the paper compliance review of the complaint survey.		Facility Number: 012619						
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		be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the paper						
ADDITION DIFFERENCE OF PROMPERICURAL SERVICES CONTINUES								
ADDRATORY DIDECTORIS OF PROVIDED/CHIRD HED DEPOSES NITATIVE'S SIGNATURE								
ADDITION DIFFERENCE OF PROMPENCINE OF PERPENTATIVE CHARACTURE								
	LABORATORY	DIDECTORIC OF PROVINCES	OLIDDI IED DEDDEGENTATIVEIO OLOMATUR			TITLE		(VC) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.